**INFORMATIONAL LETTER NO.1141** 

**DATE:** June 15, 2012

**TO:** Iowa Medicaid County Central Point of Coordination Administrator,

Targeted Case Managers and Supervisors, Home and Community Based Waiver Services (HCBS) Waiver Providers, Department of Human Services

(DHS) Income Maintenance Workers and HCBS Specialists

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: Medicaid Mental Health and Disability Services (MHDS) System: Letter #1

DHS appropriations bill contained provisions that shifted the responsibility of providing the non-federal share of Medicaid from the counties to the state. This letter is the first of a series of information letters that will provide guidance regarding Medicaid programs and services.

The key change that takes effect July 1, 2012, is the shift of responsibility in the state assuming the non-federal share of Medicaid. This change is primarily found in SF 2336. With the exception of ISIS approval processes, this change will have no impact on most aspects of provider and member participation in Medicaid. This letter provides an overview of these changes; more detailed information will be released within two weeks.

- For members, there is no change to Medicaid coverage and policies.
- For providers, there is no change in billing policies, provider contracting, or rate setting processes. The role of Targeted Case Managers in assessments, developing and overseeing services plans, assisting members, and coordinating all services does not change. The only changes occur within ISIS: specifically service plan and rate approval processes. More detailed information on these changes will come in future information letters that will be released in the near future.
- For CPCs, there <u>will</u> be changes to the CPC role relative to <u>Medicaid</u> approvals and access to ISIS. More specific guidance on these changes will be coming within the next two weeks, as noted above.
- CPCs are integral to the development of an integrated system of Medicaid and non-Medicaid services to meet the needs of Medicaid members and non-Medicaid members. The CPC will continue to serve in a role for information and

referral to Medicaid services. However, DHS reviewed the HIPAA and privacy requirements and legally cannot allow access to ISIS after July 1, 2012. DHS feels the collaboration between the CPCs and DHS is key, so DHS is researching how to legally allow access to needed Medicaid information.

The role of the CPC and non-Medicaid services does not change at this time. The CPC is still responsible for coordination, approving and managing the non-Medicaid services.

## **Background**

Previously Medicaid paid providers for Medicaid covered services and then subsequently billed the counties for the cost of the services for which they were responsible for reimbursing the state. These services included: ICF/MR for adults, Intellectual Disability Waiver for adults, Habilitation for adults, 50% of the cost of Targeted Case Management services for adults, and some brain injury services. The county was billed based on a designated county of 'legal settlement'. Pursuant to SF 2336, the state will now be solely responsible for financing all costs under the Medicaid program, and counties will no longer be billed. Legal settlement will continue for the next year for non-Medicaid services, but is no longer applicable in Medicaid after July 1, 2012.

The table below provides an overview of the main areas of Medicaid policy and operations. The table indicates the areas where there is no change anticipated due to this legislation, and the areas where there will be changes and you can expect to see an Informational Letter in the near future.

TOPIC	CHANGE	NO CHANGE	ROLES IMPACTED	INFORMATIONAL LETTER TO
				FOLLOW
Member Eligibility/		X		
Enrollment				
HCBS Waiver Funding Slots/		X		
Waiting Lists				
Habilitation and Waiver		X		
Services Available				
Habilitation and Waiver Case	Χ		CM, CPC, Provider,	X
Manager Service Plan			Member	
Authorization (ISIS)				
Wavier Prior Authorization	Χ		CM, CPC, Provider,	Χ
(WPA)			Member	
Habilitation and Waiver		X		
Provider Eligibility/				
Enrollment				
Habilitation and Waiver		X		
Provider Service Plan				
Authorization				
Habilitation and Waiver		X		
Provider Cost Audit (PCA)				
Rate Setting/ Authorization				
Habilitation and Waiver	Χ			Х
Provider Rate Change				

Requests				
Habilitation and Waiver		Χ		
Provider Eligibility /				
Enrollment/ Quality				
Assurance				
Habilitation and Waiver		X		
Provider Complaint and				
Incident Reporting				
Habilitation and Waiver		Χ		
Provider Audits and Reviews				
HCBS Habilitation and	Χ		CM, CPC, provider	X
Waiver Provider Manuals			member	
HCBS Habilitation and	Х		CM, CPC, provider	Х
Waiver Rules			member	

Provider questions should be addressed to the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at <a href="mailto:imeproviderservices@dhs.state.ia.us">imeproviderservices@dhs.state.ia.us</a>.

Member questions should be addressed to the IME Member Services Unit at 1-800-338-8366, locally at 515-256-4606 or by email at <a href="mailto:imememberservices@dhs.state.ia.us">imememberservices@dhs.state.ia.us</a>.

CPC questions should be addressed to the Community Systems Consultants, Robin Wilson at <a href="mailto:rwilson@dhs.state.ia.us">rwilson@dhs.state.ia.us</a> or 515-669-8002 or Julie Jetter at <a href="mailto:jjetter@dhs.state.ia.us">jjetter@dhs.state.ia.us</a> or 515-669-8001.